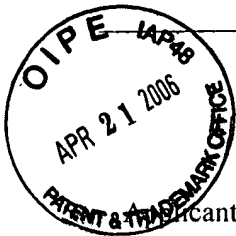


Please Direct All Correspondence to Customer Number **20995**



**TRANSMITTAL LETTER**  
**INFORMATION DISCLOSURE STATEMENT**

Applicant : Edwin C. Iliff  
App. No : 09/785,044  
Filed : February 14, 2001  
For : AUTOMATED DIAGNOSTIC SYSTEM  
AND METHOD INCLUDING REUSE OF  
DIAGNOSTIC OBJECTS  
Examiner : Joon H. Hwang  
Art Unit : 2166

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 18, 2006

(Date)

Raimond J. Salenieks, Reg. No. 37,924

**Mail Stop Amendment**

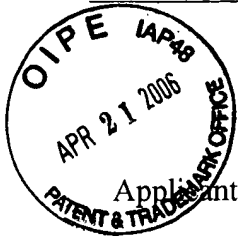
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) An Information Disclosure Statement and PTO/SB/08 equivalent listing a reference for consideration:
  - (X) Listing one reference.
  - (X) Enclosing one reference.
- (X) A check in the amount of \$180 to cover the above fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Raimond J. Salenieks  
Registration No. 37,924  
Agent of Record  
Customer No. 20,995  
(619) 235-8550



## INFORMATION DISCLOSURE STATEMENT

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(Date)

  
Raimond J. Salenieks, Reg. No. 37,924

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application is a PTO/SB/08 Equivalent listing one reference to be considered by the Examiner. Also enclosed is one foreign patent reference and/or non-patent literature as listed on the Information Disclosure Statement.

This Information Disclosure Statement is being filed after the mailing date of a final action or after the mailing date of a Notice of Allowance. This Statement is accompanied by the fee set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

04/24/2006 HMARZI1 00000008 09785044

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Appl. No. : 09/785,044  
: February 14, 2001

Docket No. ILIFF.015A6  
Customer No. 20,995



CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: April 18, 2006

By: Raimond J. Salenieks  
Raimond J. Salenieks  
Registration No. 37,924  
Agent of Record  
Customer No. 20,995  
(619) 235-8550

2528145 041706

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Multiple sheets used when necessary)

SHEET 1 OF 1

Application No.	09/785,044
Filing Date	February 14, 2001
First Named Inventor	Edwin C. Iliff
Art Unit	2166
Examiner	Joon H. Hwang
Attorney Docket No.	ILIFF.015A6

**U.S. PATENT DOCUMENTS**

Examiner Initials	Cite No.	Document Number Number - Kind Code (if known) Example: 1,234,567 B1	Publication Date MM-DD-YYYY	Name of Patentee or Applicant	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear

**FOREIGN PATENT DOCUMENTS**

Examiner Initials	Cite No.	Foreign Patent Document Country Code-Number-Kind Code Example: JP 1234567 A1	Publication Date MM-DD-YYYY	Name of Patentee or Applicant	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear	T <sup>1</sup>

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>1</sup>
	1.	Gale et al., <i>Medical Diagnosis From Student to Clinician</i> , page 1-22 (1983)	

2522465 041306

Examiner Signature

Date Considered

\***Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

T<sup>1</sup> - Place a check mark in this area when an English language Translation is attached.